

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony COMMENTING on HCR 11
ENCOURAGING PUBLIC AND CHARTER SCHOOLS TO PROVIDE INFORMATION
TO PARENTS OF ALL PUBLIC SCHOOL STUDENTS IN THE SIXTH GRADE
REGARDING HUMAN PAPILLOMAVIRUS VACCINATIONS.

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 27, 2015

Room Number: 329

- 1 **Fiscal Implications:** An appropriation has not been made to DOE/DOH for the development and
- 2 printing of the educational materials.

- 3 **Department Testimony:** Although the Department appreciates the intent of this concurrent
- 4 resolution and understands the significant burden of human papillomavirus (HPV) disease in
- 5 Hawaii, the Department strongly recommends that in addition to information on HPV disease
- 6 and vaccine, educational materials intended for preteens and their parents or guardians include
- 7 information regarding all vaccinations recommended for children at 11 – 12 years of age. Along
- 8 with HPV vaccine, students entering sixth grade are recommended by the Centers for Disease
- 9 Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) to receive two
- 10 additional vaccines: tetanus, diphtheria, and pertussis (Tdap) and meningococcal conjugate
- 11 vaccine (MCV4), as well as an annual influenza vaccine. Rather than an exclusive focus on
- 12 HPV vaccine, an educational approach that includes information about all preteen vaccinations
- 13 and the diseases they prevent would be consistent with current medical practice and national
- 14 recommendations by the Centers for Disease Control and Prevention, the American Academy of
- 15 Pediatrics, and the American Academy of Family Physicians.
- 16 DOH is willing to collaborate with DOE.
- 17 Thank you for the opportunity to testify.

Written Only

DAVID Y. IGE
GOVERNOR



KATHRYN S. MATAYOSHI
SUPERINTENDENT

STATE OF HAWAII
DEPARTMENT OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 03/27/2015

Time: 09:15 AM

Location: 329

Committee: House Health

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Resolution: HCR 011 ENCOURAGING PUBLIC AND CHARTER SCHOOLS TO PROVIDE INFORMATION TO PARENTS OF ALL PUBLIC SCHOOL STUDENTS IN THE SIXTH GRADE REGARDING HUMAN PAPILLOMAVIRUS VACCINATIONS.

**Purpose of
Resolution:**

Department's Position:

The Department of Education (Department) appreciates the intent of HCR 11 which focuses on an important health issue. However, we respectfully suggest that this measure is not necessary and ask that this measure be held in committee. This Legislature has moved forward HB 458 HD2, and the Department supports this bill in its current form.

Further, the Department remains fully committed to working with other agencies and organizations to ensure youth learn about and maintain healthy lifestyles that support their learning and achievement.

However, if this resolution is adopted, the required funding needed to assist with the effective implementation of this measure would need to be included, as the Department would not have the means to do so under our budget appropriation. The Department further requests that the implementation of HCR 11 would not replace or adversely impact priorities indicated in our Executive Budget.

Thank you for this opportunity to provide testimony on this measure.

HAWAII YOUTH SERVICES NETWORK

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Daryl Selman, President
Judith F. Clark, Executive Director
Aloha House
American Civil Liberties Union of Hawaii
Bay Clinic, Inc.
Big Brothers Big Sisters of Honolulu
Big Island Substance Abuse Council
Blueprint for Change
Bobby Benson Center
Catholic Charities Hawaii
Child and Family Service
Coalition for a Drug Free Hawaii
Courage House Hawaii
Domestic Violence Action Center
EPIIC, Inc.
Family Programs Hawaii
Family Support Hawaii
Hale Kipa, Inc.
Hale 'Opio Kauai, Inc.
Hawaii Behavioral Health
Hawaii Student Television
Healthy Mothers Healthy Babies Coalition
Hiina Mauka Teen Care
Hui Malama Learning Center
Kaanalike
Kahi Mohala Behavioral Health
KEY (Kualoa-Heeia Ecumenical Youth)
Project
Kids Hurt Too
Kokua Kalihi Valley
Life Foundation
Marimed Foundation
Maui Youth and Family Services
Palama Settlement
P.A.R.E.N.T.S., Inc.
Parents and Children Together (PACT)
Planned Parenthood of Hawaii
REAL
Salvation Army Family Intervention Svcs.
Salvation Army Family Treatment Svcs.
Sex Abuse Treatment Center
Susannah Wesley Community Center
The Catalyst Group
The Children's Alliance of Hawaii
Waikiki Health Center
Women Helping Women
YWCA of Kauai

March 25, 2015

To: Representative Della Au Belatti, Chair
And members of the Committee on Health

**TESTIMONY IN SUPPORT OF HCR 11 ENCOURAGING PUBLIC
AND CHARTER SCHOOLS TO PROVIDE INFORMATION TO
PARENTS OF ALL PUBLIC SCHOOL STUDENTS IN THE SIXTH
GRADE REGARDING HUMAN PAPILLOMAVIRUS
VACCINATIONS.**

Hawaii Youth Services Network (HYSN), a statewide coalition of youth-serving organizations, supports HCR 11 Encouraging public and charter schools to provide information to parents of all public school students in the sixth grade regarding human papillomavirus vaccinations

The human papillomavirus (HPV) is the most common of all sexually transmitted infections and persistent HPV infection can cause cervical cancer and genital warts. The Centers for Disease Control and Prevention (CDC) estimates that there are 6.2 million new HPV infections each year, and that over 20 million Americans are currently infected. The National Health and Nutrition Examination Survey (NHANES) estimates that women ages 15-24 account for 74% of incident cases.

HPV is accepted as the virus responsible for virtually all cases of cervical cancer. Nationwide, the direct annual cost of HPV-related disease prevention and treatment was \$4.6 billion in 2005.

The introduction of the HPV vaccine broke new ground in public health as it is the first vaccine that can prevent certain cancers. The HPV vaccine has the potential to offer extra protection to low-income and minority women who are least likely to receive frequent screening.

This resolution supports education, not a mandate to provide the vaccine. Increasing education about this virus and its associated diseases through a careful public education campaign is imperative.

There is a long way to go in combating cancer, but this resolution provides an exciting opportunity to affect women's health through informed education.

Thank you for this opportunity to testify.

Sincerely,

A handwritten signature in black ink that reads "Judith F. Clark". The signature is written in a cursive, flowing style.

Judith F. Clark, MPH
Executive Director



Planned Parenthood of Hawaii

To: Hawaii State House of Representatives Committee on Health
Hearing Date/Time: Friday, March 27, 2015, 9:15 a.m.
Place: Hawaii State Capitol, Rm. 329
Re: Testimony of Planned Parenthood of Hawaii in support of H.C.R. 11

Dear Chair Belatti and Members of the Committee on Health,

Planned Parenthood of Hawaii (“PPHI”) writes in support of H.C.R. 11, which encourages public schools to annually provide parents of all incoming 6th grade students with information about the availability of HPV and other vaccines to prevent cervical and other cancers and diseases.

Planned Parenthood of Hawaii is dedicated to providing Hawaii’s people with high quality, affordable and confidential sexual and reproductive health care, education, and advocacy and we see firsthand the effects of HPV and cervical cancer on our communities. PPHI’s goal is to prevent HPV infection and related cancers in Hawaii by increasing the number of young people who are vaccinated against HPV. H.C.R. 11 will help to increase HPV vaccine rates and lower cervical and other cancer rates by ensuring that parents and youth are given factual information from a trusted source about the vaccine.

The HPV vaccine is cancer prevention. It is a safe and effective regular pre-teen vaccine.

The Advisory Committee on Immunization Practices recommends routine vaccinations for all youth between the ages of 11 and 12 (a series of three shots over the course of six months). Yet, too few adolescents in Hawaii are receiving HPV vaccines, which results in more cases of HPV and cervical and other cancers and diseases. According to the Centers for Disease Control and Prevention, HPV infects approximately 79 million people in the United States with 14 million new cases each year. HPV is so common that nearly all sexually-active men and women will get at least one type of HPV at some point in their lives. There is no cure for HPV, only treatment for related health problems.

Cervical cancer is the second leading cancer killer of women worldwide. In the United States, nearly 10,000 women are diagnosed with cervical cancer each year and 3700 women die. Since almost 70% of cervical cancer cases are linked to four strains of HPV that are protected through the two FDA-approved vaccines on the market (Merck’s Gardasil and GlaxoSmithKline’s Cervarix), increased utilization of the HPV vaccine will greatly reduce our current cervical cancer rates.

Currently, there are 26 million girls under 13 years of age in the United States.

168,400 will develop cervical cancer if none are vaccinated.

51,100 will die from cervical cancer if none are vaccinated.

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Providing the people of Hawaii with exceptional sexual and reproductive health care and education, through fearless advocacy and compassionate, affordable services, since 1966.



In Hawaii, 55-64% of adolescent girls 13-17 years in Hawaii are covered with one or more doses of the HPV vaccine (National Center for Immunizations and Respiratory Diseases, Immunization Services Division, June 11, 2014). We can do better to protect their health.

In 2009, the state convened a working group to assess whether to require cervical cancer vaccinations for girls before they entered the 7th grade. The group did not recommend requiring the HPV vaccine for girls prior to 7th grade entry because of a number of barriers, including inconsistent health insurance coverage, the high cost of the vaccine, inequality of access to the vaccination and the substantial administrative burden that would be placed on school personnel. Since then, these barriers have been reduced or eliminated entirely. With the Affordable Care Act, most private health insurance plans cover the HPV vaccine with no out-of-pocket costs. Although at least 25 states have enacted legislation to either require, fund or educate the public about the HPV vaccine, Hawaii is not one of them.

While this bill does not require youth to be vaccinated, it does at least ensure that parents receive factual information about HPV and the vaccines from a trusted source, our public schools. Until all youth are regularly and routinely vaccinated, PPHI will continue to work with our community health partners to educate parents and youth, increase access to and utilization of the HPV vaccine and prevent the spread the HPV and related cancers and other diseases. Our youth rely on us to help protect them. Let's make sure we have the right information to keep our youth healthy and safe.

Thank you for this opportunity to testify in support of H.C.R 11.

Sincerely,
Laurie Field
Director of Public Affairs & Government Relations

March 25, 2015

To: Chair Representative Della Bellati and House Committee on Health

From: Cheryl Toyofuku, Pearl City, HI

Re: **Opposition to H.C.R. 11**

Encouraging Public and Charter Schools to provide information to parents of all public school Students in the sixth grade regarding human papillomavirus vaccinations

Hearing: Friday, March 27, 2015 at 9:15 a.m. in Room 329

As a parent, grandparent, registered nurse and health advocate, I strongly oppose HCR 11. Medical information and counsel on human papillomavirus (HPV) and cervical cancer are already disseminated widely by doctor's offices to parents and guardians of sixth grade children. Decisions to vaccinate or not to vaccinate against the virus are a private medical matter that does not need the involvement, promotion and information dissemination by the Department of Education.

Diligent research by many parents and organizations reveal that there is a lot of misinformation about the effectiveness of the HPV vaccines. In addition, adverse reactions of the HPV vaccine have harmed many young girls which the state cannot afford to be open to liability. Parents have become educated about this vaccine. They have looked at the science and weighed the risks versus the supposed benefits and many have made a choice not to get it for themselves or their children.

The safety record of Merck's HPV vaccine Gardasil is in serious question. As of Sept 28, 2010, the Vaccine Adverse Events Reporting System (VAERS) reported more than 18,000 Gardasil-related adverse events listed, including at least 65 deaths. As of December 2012, it increased to over 28,400 adverse reactions and 128 deaths from Merck's Gardasil Vaccine reported to the government's VAERS. These events occurred among previously healthy, normal girls between ages 9 and 24.

Here is information from the National Vaccine Information Center:

<http://www.nvic.org/Vaccines-and-Diseases/hpv.aspx>

- *After Gardasil was licensed and three doses recommended for 11-12 year old girls and young women, there were thousands of reports of sudden collapse with unconsciousness within 24 hours seizures; muscle pain and weakness; disabling fatigue; Guillain Barre Syndrome (GBS); facial paralysis; brain inflammation; rheumatoid arthritis; lupus; blood clots; optic neuritis; multiple sclerosis; strokes; heart and other serious health problems, including death, following receipt of Gardasil vaccine.*

As a vaccine for children, it doesn't make sense to vaccinate to try to prevent a sexually transmitted infection that is cleared from your body without any negative effects within two years in most healthy persons. It is not transmitted in a school setting like other airborne diseases that are easily transmitted in crowded conditions. There are over 160 types of HPV and according to the product insert, Gardasil is designed to address only 4 HPV types. Gardasil contains Aluminum Hydroxyphosphate Sulfate adjuvant, a known neurotoxin (brain toxin) and polysorbate 80, known to cause infertility in mice, anaphylactic shock and immune system problems in humans. Health reports indicate that the rate of vaccine adverse reactions is greater than the incidence rate of cervical cancer.

A brief glimpse into the research vault on the vaccine for HPV should deter the Department of Education from any involvement. **Please do not pass HCR 11 out of your committee** so that our keiki can be protected from questionable vaccination into their young growing bodies.

HCR 11, ENCOURAGING PUBLIC AND CHARTER SCHOOLS TO PROVIDE INFORMATION TO PARENTS OF ALL PUBLIC SCHOOL STUDENTS IN THE SIXTH GRADE REGARDING HUMAN PAPILLOMAVIRUS VACCINATIONS.

I oppose HCR11. Schools should not be in the business of handing out one-sided literature on any medical procedure, to include vaccination. The Gardasil vaccine has the second highest rate of reported adverse events to the federal government's reporting system (VAERS), and its effectiveness, if any, will not be truly known for decades. If there has been any reduction in cervical cancer rates, it could be due to a number of factors.

The government of Japan suspended this vaccine after serious adverse events among its population. There are risks to this vaccine that do not outweigh the benefits and impressionable children should not be marketed to.

To: Chair Representative Della Bellati and House Committee on Health

From: Sukwah Grace Lin, Mililani, HI

Re: **Opposition to H.C.R. 11**

Encouraging Public and Charter Schools to provide information to parents of all public school

Students in the sixth grade regarding human papillomavirus vaccinations

Hearing: Friday, March 27, 2015 at 9:15 a.m. in Room 329

As a health professional, I would like to point out to the fact that there is a lawsuit led by Naomi Snell, a 28-year-old woman in Melbourne, Australia is leading a class action civil lawsuit against drug maker Merck after suffering autoimmune and neurological complications following injections with the HPV vaccine, Gardasil.

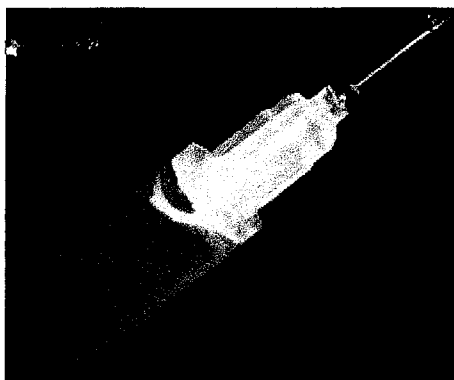
After receiving the first of three doses of the vaccine, Naomi suffered convulsions, severe back and neck pain, and lost her ability to walk.

Doctors actually diagnosed her with multiple sclerosis, which was later retracted and labeled a neurological reaction to the vaccine.

Besides death and Multiple Sclerosis, other adverse reactions include seizures, paralysis, blindness, pancreatitis, speech problems ovarian cysts, Guillain-Barre syndrome, pancreatitis, and short term memory loss.

Between May 2009 and September 2010, 16 deaths after Gardasil vaccination were reported. For that timeframe, there were also 789 reports of "serious" Gardasil adverse reactions, including 213 cases of permanent disability and 25 diagnosed cases of Guillain Barre Syndrome.

To watch the testimonies of these young ladies, and to read the report in detail, please go to www.articles.mercola.com, search 213 Women Who Took Gardasil Suffered Permanent Disability.



Jukwah Grace Lin, M.S., R.D. N.

The long-running MMR vaccine/autism debate has been fired up again by two recent court rulings

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Italian court rules MMR vaccine did trigger autism

8 May, 2012

By Staff Writer
NYR Natural News

Natural Health News — An Italian court has ruled there is a link between the MMR vaccine and autism.

In what may be a ground-breaking decision, the Italian Court of Rimini has ruled that causation between an MMR vaccine and the resulting autism in a young child “has been established.”

The unnamed child received the vaccine in March of 2004 and on returning home immediately developed adverse symptoms. During the next year the child regressed, receiving the autism diagnosis one year later and is now 100% disabled by the disease.

The Italian court ruled that the child “has been damaged by irreversible complications due to vaccination (prophylaxis trivalent MMR)” and ordered the Ministry of Health to compensate the child with a 15 year

annuity and to reimburse the parents of their court cost.

The judgement can be found in full [here](#) and the original news report in Italian appears [here](#). A rough Google translation appears [here](#).

The case is expected to go to appeal as authorities are concerned it may set a legal precedent.

Not the first judgement against the vaccine

This, however, is the second recent judgement to come to this conclusion. Earlier this year a US court also ruled that the MMR (measles, mumps, rubella) vaccine can cause autism.

In a ruling that was kept very quiet in the press, the US Court of Federal Claims has conceded that the mercury-based preservative thimerosal, which was in vaccines until 2002, caused autism in the case of one child.

The ruling was just one of 4,900 cases currently being considered for compensation payments. Health officials are concerned that it could open the floodgates for even more claims.

The ruling, made by US Assistant Attorney General Peter Keisler, was made last November, and was one of three test cases into the MMR-autism link that was being considered by a three-member panel, which Keisler chaired.

The case involved a child who received nine vaccinations in July 2000, when she was 18 months old. Two of these contained thimerosal. Within days, the girl, who had previously been healthy, began to exhibit loss of language skills, no eye contact, loss of response to verbal direction, insomnia, incessant screaming, and arching.

A diagnosis of autism was confirmed seven months later.

In its defence, the US government claimed the girl had a pre-existing mitochondrial disorder that was aggravated by the vaccine. However in his conclusion, Keisler said that “compensation is appropriate”.

Too much heat, not enough light

Both findings would appear to support the controversial findings of Dr Andrew Wakefield who, in 1998 published an article in the *Lancet* suggesting a link between the vaccine and autism. Official reaction to the paper was of such force and such outrage that the *Lancet* withdrew the paper on the grounds that it was scientifically unsound.

Wakefield has been in a battle for his professional reputation ever since and the question of the proposed link between the MMR vaccine and autism has been largely sidelined (though not solved) by bitter and very public professional rows that have done little to bring clarity to concerned parents.

Read more [here](#).

See also: [Survey shows unvaccinated children get sick less often](#) and [The autism and allergy overlap](#)

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